



CALDCLEUGH MULTICULTURAL ARTS CENTER PROGRAM REGISTRATION FORM

Please Print (Use Ink)

Program Name _____

Child's Name _____ Name to be used _____

Age _____ Date of Birth _____ Male _____ Female _____ Home Phone _____

Home Address _____ City/State _____ Zip _____

E-mail Address _____

School _____ Grade _____

1) Parent/Guardian Name: _____

Home Phone _____ Work Phone _____

Employer _____

2) Parent/Guardian Name: _____

Home Phone _____ Work Phone _____

Employer _____

Emergency Contacts:

1) Individual _____ Relationship _____

Phone _____

2) Individual _____ Relationship _____

Phone _____

Name, Relationship and Phone # of person(s) other than parent/guardian authorized to pick up

1) _____

2) _____

3) _____

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____



MEDICAL INFORMATION

Name & describe any medical conditions
(including allergies) _____

Medications

Physician _____

Phone # _____

Dentist _____

Phone # _____

Insurance Information: (coverage for child)

Insurance Co. _____

Policy # _____

Type of Policy _____

Insurance Co. _____

Policy # _____

Type of Policy _____

Caldcleugh Multicultural Arts Center

1700 Orchard Street Greensboro, NC 27406

336.373.5881 caldcleugh@greensboro-nc.gov

PAYMENT RECORD

For office use only:

Amount pd. \$ _____

Date Rec. _____ Receipt # _____

Received by _____

Group assigned _____ Proof of age _____